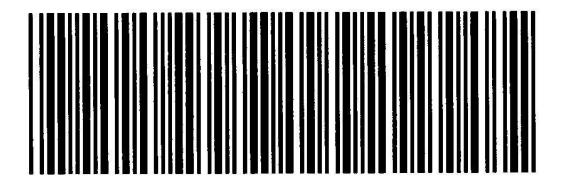
RECEIVED

STATE OF SOUTH DAKOTA

DEC 2 8 2015

Statement of Legal Newspaper Ownership and Gine ulating

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077			
	Messenger	2. DATE 10-30-15	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	PRICE	101.	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE O	F PUBLICATION (Street, City, C	County, State and ZIP+4 Code)	
(Not printers) 220 N. Washington, Humboldt SD 57035, Minnehahaco			
5. COMPLETE MAILING ADDRESS OF THE HEADQUART	ERS OR GENERAL BUSINESS	OFFICES OF THE	
PUBLISHER (Not printers) POBOX LOB CAN	instata for 570	12. Mccook Co	
6. FULL NAME OF PUBLISHER: Watth Lindon			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the			
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name			
and address, as well as that of each individual must be given.			
FULL NAME COMPLETE MAILING ADDRESS			
HNDER Son Publications, Ilm 210 W Main, Box 128 CANISTOTA SO 57012			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1			
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so			
state. If more space is needed, list on back of this form.			
4			
	AVERAGE NO. COPIES	ACTUAL NO. COPIES	
9. EXTENT AND NATURE OF CIRCULATION	EACH	ISSUED	
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12 MONTHS	NEAREST TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run)	FAS	F15	
B.PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors,	0.	Qa	
counter sales, and paid electronic copies.	80	80	
2. Mail Subscription	5/27	500	
(Paid and or requested)	341		
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	647	580	
(Sum of 9B1 and 9B2)		300	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES			
	1.117	CFA	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	641	500	
F. COPIES NOT DISTRIBUTED	inc	2116	
1. Office use, left over, unaccounted, spoiled after printing		Ø 73	
2. Return from News Agents			
G.TOTAL (Sum of E, F1 and F2 - Should equal net press run	825	825	
shown in A) St. 4	egar or Owner in the present	9	
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I sweap that the statements made by me are true, correct, and complete:			
Matt Lower Owner, Editon			
(Signature) (Title)			
9 1			
Sworn to before me this 9 day of dec , 20 15			
State of South Dakota) 8			
CONTARY NEWOOR)	Notary Public		
My commission expires: 2-2-2016			
S(Stal) S			



Separator Sheet

Instructions:

When scanning, all checks within the payment group must be placed at the front, followed by the forms, and then any additional pages.

If scanning multiple payment groups at the same time, place this separator sheet between each payment group. Follow the same ordering process (checks first, then forms, then additional pages) for each payment group.

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STATE OF SOUTH DAKOTA

STATE OF SOUTH DAKOTA

DEC 2 8 2015

Statement of Legal Newspaper Ownership and Circulation
S.D. SEC. OF STATE

Peturn to: Secretary of State 500 F. Capital Pierre SD 57501-5077

S.D. SEC. OF STATE Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER MODELL COUNTY	Enterorise	2. DATE 9-23-2015	
1. TITLE OF NEWSPAPER MOUCH County Enterprise 2. DATE 9-23-2015 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION			
Weekly 52 PRICE \$ 40 /46			
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)			
(Not printers): POBOX71 Florareau 5D 57028			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE			
PUBLISHER (Not printers) PO BOX71 Flandreau SD 57028			
6. FULL NAME OF PUBLISHER: William McMacken			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.			
FULL NAME	COMPLETE MAI	LING ADDRESS	
News Media Corpwation PO Box 46 Rochelle LL61068 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.			
Wells Fargo			
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run)	1500	1500	
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and			
counter sales.	265	239	
2. Mail Subscription (Paid and or requested)	928	903	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1193	1142	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	31	29	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	-	-	
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1224	1171	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	276	329	
2. Return from News Agents	-	~	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1500	1500	
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public			
I swear that the statements made by me are true, correct, and complete:			
Will Hel Publisher			
(Signature)	(Title)		
State of South Dakota)	Sworn to before me this 23 day of Sept , 20/5		
County of Mille for severe server	Notary Public		
ROGER W. JANSSEN	My commission expires: 2-16-2018		
SEAL SOUTH DAKOTA SEAL &	ROGER W. JANSSEN		
FOURTH SPORT FOR THE SEAL SOUTH DAKOTA (SEAL)			